S. No. 2
M—8-43
. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7422

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 4

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town rural Union Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. Racala
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN L BOYER.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M.

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY E BOYER

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MCH (Month) 15 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	9	16.	hr. min.

9. Birthplace OLD MINES (City, town, or county) Mo. (State or foreign country)

10. Usual occupation MERCHANT.

11. Industry or business

FATHER
12. Name PASCHAL BOYER
13. Birthplace OLD MINES (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name ELIZABETH ROBART
15. Birthplace OLD MINES (City, town, or county) Mo. (State or foreign country)

16. (a) Informant ROY BOYER
(b) Address CADET MO-RI.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 (Month) 3 (Day) 1945 (Year)
(c) Place: burial or cremation ST JOACHIN'S Cemetery

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address POTOSI. MO

19. (a) 2-1-1945 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 31 year 1945 hour 7. minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilation	
Due to Left Heart	
Due to following years	
Other conditions (Include pregnancy within 3 months of death) Hypertension	4
Major findings Of operations following	
Of autopsy Influenza	95

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G T Cresswell M. D. 2/3/45

Address Potosi Mo Date signed

806 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 345-291

Date Filed 3-3-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Marvin M Smith, Registered Apprentice No. 359, working under my personal supervision.

Signed C. H. Boyer

Licensed Embalmer No. 4158

P. O. Address Potosi Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.